

Hollister Recreation
Community Center
Facility Rental Form

REQUESTED DAY OF USE

_____	_____	_____
Day	Date	To Actual Time of Use

Requested Room(s) - Check the Appropriate Box(s)

- | | |
|--|---|
| <input type="checkbox"/> Main Assembly Room with Kitchen | <input type="checkbox"/> Santa Lucia Room |
| <input type="checkbox"/> Main Assembly Room | <input type="checkbox"/> Pinnacle Room |
| <input type="checkbox"/> Kitchen Only | <input type="checkbox"/> San Andreas Room |
| <input type="checkbox"/> Gabilan Room | <input type="checkbox"/> Calaveras Room |

CONTACT PERSON

Name: _____

Address: _____

City: _____

Home Number: _____

Work Number: _____

TYPE OF FUNCTION

Type: _____

Setup time: _____ to _____

Time of use: _____ to _____

Cleanup time: _____ to _____

Total # of hours in use: _____

Number of Guests: _____

Number of Adults: _____

Number of Youths: _____

CLUB/ORGANIZATION INFORMATION

Name: _____

Address: _____

City: _____

Contact Person and Title: _____

Address: _____

City: _____

Home Number: _____

Work Number: _____

Fax Number: _____

Will food be served? Yes ☐ No ☐

Will alcohol be served? Yes ☐ No ☐

Admission charge? Yes ☐ No ☐

Are Tables Needed? Yes ☐ No ☐

Are Chairs Needed? Yes ☐ No ☐

Is additional equipment needed
by applicant/club? Yes ☐ No ☐

If so, list equipment: _____

STATEMENT OF LIABILITY

It is the express condition of this permit that the City of Hollister its officers, agents and employees, shall be free from any and all death or deaths of or any injury of injuries to any person or property or causes whatsoever while in or upon said premises or any part thereof during the term of this permit or occasioned by any occupancy or use of said premises or any activity carried on by Permittee in connection save harmless the City, its officers, agents and employees, from all liabilities, charges, expenses (including counsel fees) and costs of account of, or by reason of, any such death or deaths, injury or injuries, liabilities, claims, suits or losses however occurring, or damage growing out of the same.

Date: _____ Signature: _____

PROHIBITED ACTIVITIES

THE FOLLOWING ACTIVITIES ARE PROHIBITED IN THE HOLLISTER COMMUNITY CENTER:

1. Placing of decorations in non-designated areas and/or attaching decorations with scotch or masking tape.
2. Rearranging furniture without authorization from facility monitor.
3. Consumption of alcoholic beverages in parking lot.
4. Drinking, smoking or eating in hallways.
5. Playing of any music after 11:00 pm
6. No Smoking allowed in the facility, including dining area.
7. Absolutely **NO SMOKE MACHINES**.

CLEAN-UP RESPONSIBILITIES

CLEAN-UP RESPONSIBILITIES TO BE PERFORMED BEFORE VACATING THE HOLLISTER COMMUNITY CENTER:

1. All trash is to be placed in designated dumpster located outside building.
2. Clean and/or wipe down both chairs and tables thoroughly and returned to designated area.
3. Remove all decorations and personal items brought by permittee.
4. Kitchen and dining area are to be swept and mopped and cleaning equipment is to be returned to designated area.
5. Policing and removing litter from parking lot is required.
6. Restrooms (swept and mopped.)
7. Hallway (vacuumed.)

HAVING READ THE STATEMENT OF LIABILITY, PROHIBITED ACTIVITIES AND CLEAN UP RESPONSIBILITIES ON THE REVERSE SIDE OF THIS FORM AND UPON SUBMITTING THE ABOVE REQUEST FOR USE OF THE CITY OF HOLLISTER FACILITY, WE/I AGREE TO ABIDE BY AND ENFORCE ALL RULES AND REGULATIONS OF THE CITY OF HOLLISTER AND THE RECREATION DIVISION OF THE COMMUNITY SERVICES DEPARTMENT WHICH PERTAIN TO USE OF THE FACILITIES REQUESTED, AND TO BE RESPONSIBLE FOR ITS FACILITIES IN THE SAME CONDITION IN WHICH RECEIVED AND TO REIMBURSE THE CITY OF HOLLISTER THROUGH FORFEITURE OF DEPOSIT AND/OR ADDITIONAL REIMBURSEMENT FOR ANY LOSS OR DAMAGE.

Date: _____ Signature: _____

NOTICE ON INSURANCE PREMIUM

IF EVENT HOLDER CANCELS EVENT, ONCE INSURANCE CERTIFICATE HAS BEEN PURCHASED, IT WILL NOT BE REFUNDED.

Sign: _____ Date: _____